

<input checked="" type="checkbox"/>	UNCLASSIFIED	<input type="checkbox"/>	CONFIDENTIAL	<input checked="" type="checkbox"/>	SECRET
CENTRAL INTELLIGENCE AGENCY OFFICIAL ROUTING SLIP					
TO	NAME AND ADDRESS		INITIALS	DATE	
1	AD/ICR		PRB	11 Aug	
2	DAD/ICR		PWA	11 Aug	
3	SA/AD/ICR		bejs	11 Aug	
4	CIA Librarian				
5					
6					
	ACTION		DIRECT REPLY	PREPARE REPLY	
	APPROVAL		DISPATCH	RECOMMENDATION	
	COMMENT		FILE	RETURN	
	CONCURRENCE	1-3	INFORMATION	SIGNATURE	
Remarks: Please note last sentence on first page. ABT					
FOLD HERE TO RETURN TO SENDER					
FROM: NAME, ADDRESS AND PHONE NO.				DATE	
CIA Librarian				10 Aug 68	
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Replaces Form 30-4
which may be used.(40)
U. S. GOVERNMENT PRINTING OFFICE : 1955—O-342531